

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 3580 FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:  6	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI MICHAEL (NONE)		<div style="background-color: black; color: white; text-align: center; padding: 5px;">OFFICE USE ONLY</div> <div style="text-align: right; padding-top: 20px;">           JUL 21 9 57 AM '97         </div>		
	NICKNAME LAST SUFFIX "MIKE" SIMPSON				
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 11402 HUNTERS LANE AUSTIN, TX 78753				
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI MICHAEL (NONE)		Receipt #		
	NICKNAME LAST SUFFIX "MIKE" SIMPSON		HD / PM Amount Date Processed		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 11402 HUNTERS LANE AUSTIN, TX 78753				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 837-0347				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 1 / 1 / 97    6 / 30 / 97				
10 ELECTION	ELECTION DATE Month Day Year 3 / 12 / 96		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) AT TIME OF CAMPAIGN WAS CONSTABLE, TRAVIS CO., PET. 2		12 OFFICE SOUGHT: (if known) SHERIFF-TRAVIS COUNTY		
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box: Apt. / Suite #: City: State: Zip Code				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

MICHAEL SIMPSON

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING  
POLITICAL  
COMMITTEE(S)

-- This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE  
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 50.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 0.00

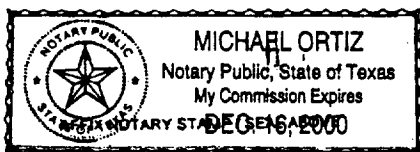
OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 47,600.00

19 AFFIDAVIT

I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*Michael Simpson*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said MICHAEL SIMPSON, this the 19th day of JULY, 19 97, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

*Michael Ortiz*  
NOTARY PUBLIC  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

MICHAEL SIMPSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out of state PAC

GARY SPEER

6 Contributor address; City; State; Zip Code

11418 Ponder Mill, Austin, TX 78750

7 Amount of  
contribution (\$)

50.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation

10 Employer (optional)

Date

Full name of contributor

☐ out of state PACAmount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

☐ out of state PACAmount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

☐ out of state PACAmount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

☐ out of state PACAmount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## PLEDGED CONTRIBUTIONS

## SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages Schedule B: 1	
2 FILER NAME MICHAEL SIMPSON			3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   \$ -0-				
5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address;           City;   State;   Zip Code			
10 Principal occupation			11 Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;           City;   State;   Zip Code			
Principal occupation			Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;           City;   State;   Zip Code			
Principal occupation			Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;           City;   State;   Zip Code			
Principal occupation			Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;           City;   State;   Zip Code			
Principal occupation			Employer (optional)	

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**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

MICHAEL SIMPSON

3 ACCOUNT # (Ethics Commission filers)

OLD LOANS

4 TOTAL OF UNITEMIZED LOANS:

(NO NEW LOANS)

ITEMIZED ON  
\$ PREVIOUS REPORTS  
47,600.00

5 Date of loan

7 Name of lender

☐ out of state PAC

9 Loan Amount (\$)

6 Is lender a  
financial institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

☐ none13 GUARANTOR  
INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☐ not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out of state PAC

Loan Amount (\$)

Is lender a  
financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ noneGUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



## POLITICAL EXPENDITURES

## SCHEDULE F

A The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME MICHAEL SIMPSON		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name  6 Payee address; City; State; Zip Code	7 Amount (\$)  - 0 -
8 Purpose of expenditure		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

11402 Hunters Lane  
Austin, Texas 78753

PM

19

JUL

1997

FILED  
JUL 21 9 56 AM '97

COUNTY CLERK  
TRAVIS COUNTY, TEXAS

TRAVIS COUNTY CLERK'S OFFICE  
ELECTIONS DIVISION  
P.O. BOX 1748  
AUSTIN, TX 78767